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Substitute for form 1449/PTO

## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

*(Use as many sheets as necessary)*

**C mplete if Kn wn**

Application Number

Filing Date

First Named Inventor

Cochran

### Art Unit

Examiner Name \_\_\_\_\_

Attorney Docket Number

BC101.0

Sheet

1

of

2

## U. S. PATENT DOCUMENTS

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		Examiner Name	
Sheet 2	of 2	Attorney Docket Number	BC101.0

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials*	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
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